

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 141
 County Registrar No. _____
 Local Registrar No. 15

No. 820 Line Oak St - St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Flora Tarango { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth Apr. 6 - 1925
 Month Day Year

8. FATHER
 Full name Severo Tarango
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Ariz.
 10. Color or race Mex.
 11. Age at last birthday 29 (Years)
 12. Birthplace (city or place) Chihuahua
 (State or country) Mex.
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Francisca Becceril
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Ariz.
 16. Color or race Mex.
 17. Age at last birthday 24 (Years)
 18. Birthplace (city or place) Hidalgo
 (State or country) Mex.
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother { (a) Born alive and now living 1
 (b) Born alive but now dead _____
 (c) Stillborn _____
 (Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 7:20 p. m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature Cyril M. Brown M.D.
 Address Miami, Arizona
 (Physician or midwife.)

Given name added from a supplemental report _____
 Month, day, year _____

Filed April 19, 25 A. E. Davis
 Local Registrar.

_____, Registrar. Filed _____, 19_____. County Registrar.

636-406-623